Kansas Department of Health and Environment
Epidemiology and Public Health Informatics

Hepatitis A virus infection Report Form

INTERVIEW

EpiTrax # _____ Interviewer Name:_____

Number of Call Attempts:_____ Date of Interview (must enter MM/DD/YYYY): _____

Follow-up Status:
- ☐ Interviewed
- ☐ Refused Interview
- ☐ Lost to Follow-Up*

Respondent was:
- ☐ Self
- ☐ Parent
- ☐ Spouse
- ☐ Other, *Specify:*_____

*At least three attempts at different times of the day should be made before the considered lost to follow-up.

DEMOGRAPHICS

Birth Gender:
- ☐ Male
- ☐ Female

Date of Birth: _____

Age: _____

Hispanic/Latino Origin:
- ☐Yes
- ☐No
- ☐Unknown

How would you describe your race?
- ☐ White
- ☐ Black/African American
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Other_____
- ☐ Unknown

CLINICAL

Did you have any symptoms?
- ☐Yes
- ☐ No
- ☐ Unknown

If yes, turn to page 3 and record specific symptoms under Investigation.

What date did you start to have symptoms of illness? Onset Date:_____ Onset Time:_____

Date Diagnosed: _____

Did you recover?
- ☐ Yes
- ☐ No
- ☐ Unknown

Were you hospitalized?
- ☐ Yes
- ☐ No
- ☐ Unknown

If Yes, Recovery Date: _____ If Yes, Hospital Name:_____

Time Recovered: _____ Admit date: _____ Discharge Date: _____

Died?

☐Yes ☐No ☐Unknown

If Yes, Date of Death:_____

Are you pregnant?

☐Yes ☐No ☐Unknown

If Yes, Expected Delivery Date: _____

LABORATORY

IgM Anti-HAV results: ☐ Positive ☐ Negative ☐ Not Tested

EPIDEMIOLOGICAL

Occupation:_____

Is the patient a:

Food Handler?	☐ Yes ☐ No ☐ Unknown	Facility Name: _____ Address: _____ Telephone #: _____
Healthcare Worker?	☐ Yes ☐ No ☐ Unknown	Facility Name: _____ Address: _____ Telephone #: _____
Group Living?	☐ Yes ☐ No ☐ Unknown	Facility Name: _____ Address: _____ Telephone #: _____
Daycare Attendee?	☐ Yes ☐ No ☐ Unknown	Facility Name: _____ Address: _____ Telephone #: _____
If yes, was there an identified hepatitis A case in the daycare facility?	☐ Yes ☐ No ☐ Unknown	Facility Name: _____ Address: _____ Telephone #: _____
Daycare Employee?	☐ Yes ☐ No ☐ Unknown	Facility Name: _____ Address: _____ Telephone #: _____
If yes, was there an identified hepatitis A case in the day care facility?	☐ Yes ☐ No ☐ Unknown	Facility Name: _____ Address: _____ Telephone #: _____

School Attendee?	☐ Yes ☐ No ☐ Unknown	Facility Name: _____ Address: _____ Telephone #: _____
If yes, was there an identified hepatitis A case in the school facility?	☐ Yes ☐ No ☐ Unknown	Facility Name: _____ Address: _____ Telephone #: _____
School Employee?	☐ Yes ☐ No ☐ Unknown	Facility Name: _____ Address: _____ Telephone #: _____
If yes, was there an identified hepatitis A case in the school facility?	☐ Yes ☐ No ☐ Unknown	Facility Name: _____ Address: _____ Telephone #: _____

If Yes to any above, did you work or attend while ill? ☐ Yes ☐ No ☐ Unknown

If Yes, Dates Worked or Attended/Notes:_____

_____

_____

_____

INVESTIGATION

A. Symptoms & Signs

Reason for testing:

- ☐ Symptoms of acute hepatitis
- ☐ Screening of asymptomatic patient with reported risk factors
- ☐ Screening of asymptomatic patient with no risk factors (e.g. patient requested)
- ☐ Prenatal screening
- ☐ Evaluation of elevated liver enzymes
- ☐ Blood/organ donor screening
- ☐ Follow-up testing for previous marker of viral hepatitis
- ☐ Other, specify: _____
- ☐ Unknown

Are you symptomatic?	☐Yes ☐ No ☐ Unknown	
Jaundiced?	☐Yes ☐ No ☐ Unknown	Onset date of jaundice: _____
Dark Urine?	☐Yes ☐ No ☐ Unknown	
Diarrhea?	☐Yes ☐ No ☐ Unknown	
Anorexia?	☐Yes ☐ No ☐ Unknown	
Abdominal Pain?	☐Yes ☐ No ☐ Unknown	
Clay Stools?	☐Yes ☐ No ☐ Unknown	
Fatigue?	☐Yes ☐ No ☐ Unknown	
Other Symptoms?	☐Yes ☐ No ☐ Unknown	If yes, specify: _____
Do you have an underlying immunodeficiency?	☐Yes ☐ No ☐ Unknown	If yes, specify: _____

B. Liver Enzymes Level at Diagnosis

ALT [SGPT] Result: _____	ALT Upper Limit Normal: _____	Date of ALT Result: _____
AST [SGOT] Result: _____	AST Upper Limit Normal: _____	Date of AST Result: _____

C. Vaccination History

Did you ever receive the hepatitis A vaccine?	☐Yes ☐ No ☐ Unknown
If yes, how many doses?	☐1 ☐ 2+ ☐ Unknown
	If yes, please provide dates:
	Vaccination Date #1: _____
	Vaccination Date #1: _____
	Vaccination Date #1: _____
Did you ever receive immune globulin?	☐Yes ☐ No ☐ Unknown
	If yes, please provide dates:
	IG Received on Date: _____

C. Exposure – Risk Factors

- In the 2 weeks to 6 weeks prior to the onset of symptoms, have you been a contact of a person with suspected or confirmed hepatitis A?
  - ☐ Yes
  - ☐ No
  - ☐ Unknown

  - If yes, what type of contact was it?
    - ☐ Household contact (non-sexual)
    - ☐ Sexual contact
    - ☐ A child cared for by the patient
    - ☐ Babysitter of the patient
    - ☐ Playmate
    - ☐ Other, _____

- In the 2 weeks to 6 weeks prior to the onset of symptoms, how many <u>male</u> sex partners have you had?
  - ☐ None
  - ☐ 1
  - ☐ 2-5
  - ☐ > 5

- In the 2 weeks to 6 weeks prior to the onset of symptoms, how many <u>female</u> sex partners have you had?
  - ☐ None
  - ☐ 1
  - ☐ 2-5
  - ☐ > 5

- In the 2 weeks to 6 weeks prior to the onset of symptoms, have you used any type of substances illegally?
  - ☐ Yes
  - ☐ No

  - If yes, have you injected any of these substances?
    - ☐ Yes
    - ☐ No
    - ☐ Unknown

- In the 2 weeks to 6 weeks prior to the onset of symptoms, did you travel outside of the USA or Canada?
  - ☐ Yes
  - ☐ No

  - If yes, please specify
    - Country #1: _____
    - Country #2: _____
    - Country #3: _____

- In the 3 months prior to the onset of symptoms, did a household contact travel outside of the USA or Canada?
  - ☐ Yes
  - ☐ No

  - If yes, please specify
    - Country #1: _____
    - Country #2: _____
    - Country #3: _____

Public Health Interventions (Check all that apply)

- ☐ Hygiene Education Provided
- ☐ Daycare Inspection
- ☐ Follow-up of other household member(s)
- ☐ Work or Daycare restriction for case
- ☐ Other

If other, specify: _____

That completes the interview, thank you for taking the time to answer all these questions. Your responses may be helpful in preventing others from becoming sick.

Additional notes: _____

_____

_____